	TE/OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction this form.	on Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Khalid  NICKNAME LAST  Khan	MI A · SUFFIX	RECEIVED 2005
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: CI	ITY; STATE; ZIP CODE	OIT SECRETARY  Dath and addivered or Data Postmarks
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (713 ) 478 - 163	EXTENSION .	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST LENNY NICKNAME LAST YAffic	MI SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE# CITY: STATE:  51.425  Green Howston T	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(713) PHONE NUMBER	EXTENSION	
9 REPORTTYPE	July 15 Sth day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder unly)  Final report (Attach C/OH - FR)
19 PERIOD COVERED	Month Day Year THROU	IGH ID 8	0 S
11 ELECTION	Month Day Year ELECTION TYPE		General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (FKNOWN Houston City Co	oned District F
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campalyn expenditures are campalyn expenditures are campalyn expenditures are required to disclose this information on Name  Address / PO Box; Apt. / Suite #; City; State; Zi	ditures made by others without the cand	
add <del>iti</del> onal pages			
	GO TO P	AGE 2	

## **CANDIDATE / OFFICEHOLDER REPORT:**

## FORM C/OH

SUPPORT	C & TOTAL	.\$ - * * * * * * * * * * * * * * * * * *	COVER SHEET PG 2
15 C/OH NAME			16ACCOUNT#(Ethics Controlsation Riens)
	Khalid A	1. Khan	
17 NOTICE FROM POLITICAL COMMITTEE(S)	may nave been mad	otice of political expenditures by political committees to support the candid to without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures. ••	ate / officeholder. These expenditures es and officeholders are required to report
00(MM1172E(0)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
:	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	i
i		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	,		
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ &
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 62,000 -
EXPENDITURE TOTALS			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 21,800
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PRTING PERIOD	\$ 37, 900 24
OUTSTANDING LOANTOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0
19 AFFIDAVIT	***************		
	ALL OF THE PARTY O	I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 5, Election Code.  Signature of Candida	rmation required to be reported by
AFFIX NOTARY STAMP		VIII W	12 \$ 6
of October 20		fy which, witness my hand and seal of office.	this the day
Signature of difficer adm	ninistering oath	Printed name of officer administering oath Title of	of officer administering oath

Texas Ethics Co	mmission	P.O. Box	12070	Austir	n, Texas 78711-20	070 (512) 46	3-5800	1-800-325-850
	ICAL CON R THAN P			DAN	S		SC	HEDULE A
The Instructi	ON GUIDE explains	how to comp	lete this form.			1 Total pages Sch	edule A:	
2 FILER NAM	IE			<u>, , , , , , , , , , , , , , , , , , , </u>		3 ACCOUNT# (E	thics Commissio	n filers)
4 Date 4. 12.65	6 Contributor	Wahee	city; State; Z	ip Code	•	7 Amount of contribution (\$) \$ 5,000.	descrip	nd contribution tion (if applicable)
9 Principal occu	upation / Job title (S	ee Instructions		מדי	10 Employer (See	Instructions)	<u> </u>	
P-12.05	Full name of Shu	contributor	Out-of-state P  Bum L  ity: State; Zi	DAYW p Code	ala	Amount of contribution (\$)		nd contribution tion (if applicable)
Principal occu	ipation / Job title (S		lexas	776	Employer (See I	nstructions)		
Date 9.12.05	Full name of	Mohiud	out-of-state P/			Amount of contribution (\$)		d contribution ion (if applicable)
Principal occu	pation / Job title (S	ee instructions			Employer (See II	estructions)		
Pate 9.13.05	Sheil Contributor a	h Za ddress; Cit	out-of-state PA	Code		Amount of contribution (\$)		d contribution on (if applicable)
Principal occup	pation / Job title (Sc	e Instructions)			Employer (See In	structions)		
Date 9.10.05	Full name of a	) R- 1	Out-of-state PA Bulkhari y; State; Zip			Amount of contribution (\$)		d contribution on (if applicable)
Principal occup	pation / Job title (Se	e Instructions)	77062		Employer (See In	structions)		
If contri					OF THIS FORM A	AS NEEDED dditional reportir	ıg require	ments.

Texas Ethics Co	mmission P.O. Box 12070 Aus	tin, Texas 78711-207	0 (512) 46	33-5800 1-800-325-850
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	NS		SCHEDULE A
The Instruction	א Guios explains how to complete this form.		1 Total pages Sch	sdule A:
2 FILER NAM	<b>E</b>	-	3 ACCOUNT# (Et	hics Commission filers)
4 Date 9.15.05	5 Full name of contributor Out-of-state PAC (IDS  Agif Shaikh 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Houston, Texas 770		\$5,000.3	  -  -
	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor OUL-OF-state PAC (IDM) Riazuddin Ahmed		Amount of contribution (\$)	In-kind contribution description (if applicable)
9.15.05	Contributor address: City: State; Zip Code  Sugar land leves	77479	\$500.₩	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date 9.18.05	Full name of contributor out-of-state PAC (IDI):  Terry H. Shaikh  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	HOUSTON TEXAS TO Continuo / Job title (See Instructions)	OO 7_ Employer (See Ins	\$ 5000 ·	
	by sines mm	Employer (See ins	rucions)	
Date	Full name of contributor   out-of-state PAC (IDE.	. <b>.</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
9.20.05	Contributor address; City; State; Zip Code  Missouri City Tx. 7	1459-2809	\$ 200 kg	
Principal occup	ostion / Job title (See Instructions)	Employer (See Inst	ructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Arnount of contribution (\$)	In-kind contribution description (if applicable)
9.10.05	Contributor address; City; State; Zip Code  Sugar and Tx 77478	_	\$5,000. <sup>\$\frac{\pi}{2}\frac{1}{2}</sup>	
Principal occup	الرميا مال المالية (See Instructions)	Employer (See Inst	ructions)	
If contri	ATTACH ADDITIONAL COPIE butor is out-of-state PAC, please see instr			g requirements.

exas Ethics Co	mmission P.O. Box 12070 Aus	tin, Texas 78711-207	0 (512) 46	<u> </u>
POLITI	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAD	NS		SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sch	edulo A:
FILER NAMI	E		3 ACCOUNT# (E	thics Commission filers)
Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of contribution (\$)	8 in-kind contribution description (if applicable
9-15-05	Tonai N. Hihannad  6 Contributor address: City: State; Zip Cook	•	\$ 500 17	
Dringing occu	Sugar and, Tx. 77479 pation / Job title (See Instructions)			<u> </u>
	business men	10 Employer (See In:	structions)	
Date	Full name of contributor   out-of-state PAC (IDM)		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.1.05	Contributor address; City: State; Zip Code		\$1000 XT	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	<u> </u>
Date	Full name of contributor Out-of-state PAC (IDIE)  TAScer Brader  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Inst	ructions)	
Date	Full name of contributor out-of-state PAC (IDIF_ Bahadural: Kayan: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Sugarland, Tx. 77478 ation/Job title (See Instructions)	Employer (See Inst	(uctions)	
	<u>busins</u> ,	Employer (ode riss		
Date	Full name of contributor out-of-state PAC (IDIN		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.3 -85	Contributor address; City: State: Zip Code		\$ 5,000 **	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instr	uctions)	
lf contrib	ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instru	S OF THIS FORM AS action guide for add	NEEDED litional reportin	g requirements.

Texas Ethics Con	mmission P.O. Box 12070 Austi	<u>in, Texas 78711-207</u>	0 (512) 46	3-5800 1-800-32	.5-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A	A
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule A:	
2 FILER NAME	Ē .		3 ACCOUNT # (Eth	hics Commission filers)	
4 Date	5 Full name of contributor   Dout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicat	
10 .3.05	6 Contributor address; City; State; Zip Code		\$4,060 <u>**</u>	 	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See ins	structions)		
	busines waren	<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	in-kind contribution description (if applicab	
9.30.05	Contributor address; City; State; Zip Code		\$500 E	:   	
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	tructions)		
	businessma	<u> </u>			
Date	Full name of contributor   out-of-state PAC (105-		Amount of contribution (\$)	In-kind contribution description (if applicab	
9.30.05	Contributor address; City; State; Zip Code  Scalin Texas . 77474		\$ 5000 <sup>M</sup>		
Principal occup	pation / Job title (See Instructions)	Employer (See Inst	tructions)		
Date	Full name of contributor out-of-state PAC (IDS:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	le)
9.30.05	Contributor address; City; State; Zip Code	[	\$ 5,060 **		
	Scaly , Tx. 77474	1			
Principal occup	pation / Job title (See Instructions)	Employer (See Inst	ructions)		
Date	Full name of contributor Out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicabl	le)
9.26.05	Contributor address; City; State; Zip Code		3,500 "		
Principal occup	but on the (See Instructions)  Out on the contractions	Employer (See Inst	ructions)		
If contri	ATTACH ADDITIONAL COPIE butor is out-of-state PAC, please see instru			ng requirements.	

Texas Ethics Cor	nmission P.O. Box 12070 Austir	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S		SCHEDULE A
The Instruction	พ Guide explains how to complete this form.		1 Total pages Scho	edule A:
2 FILER NAME	ξ ,	491.445	3 ACCOUNT # (Es	hics Commission filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9.16.05	Jennifer Sydenham. 6 Contributor address: City: State: Zip Code Hooston: Tx. 77066		15 ·	\$ 2,500
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Busine	محمده الما	يچ	<u> </u>	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (IDS: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of   contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		   	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
If contr	ATTACH ADDITIONAL COPIE: ibutor is out-of-state PAC, please see instru			ng requirements.

Texas Ethics Co	ommission P.O. Box 12070 Austin, Texa	s 78711-2070	(512) 46	3-5800	1-800-325-85
POLITI	ICAL EXPENDITURES			SCHE	DULE F
The Iнstruction	он Guios explains how to complete this form.		1 Total pages	Schedule F:	<u> </u>
2 FILER NAM	E		3 ACCOUNT	F (Ethics Commiss	sion filers)
4 Date 9-27-05	Payee name  Partida + Assaciates  6 Payee address; City; State; Zip Code  3303 Louisiana Sul 72	e			mount (\$)
8 Purpose of pay	Hous TON, Tk. 77006 yment (See instructions regarding type of information	· 			
required.)	Hing	9 •• Complete if dire Candidate / Officeholder na		o benefit C/OH Mice sought	Office held
Date 9-27 05	Payee name  Panhilo + Associate).  Payee address; City; State; Zip Code  330 3 Louisian A Suite  1400, tow. Tx.	77006			nount (s)
required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na		benefit C/OH	on Office held
Date	Payee name  Hike Carrete  Payee address; City; State: Zip Code  617 5.12th  Edinburg, Texas 78539				ount \$)
Purpose of payr required.)	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nan		benefit C/OH +- ice sought	Office held
Date 10.7.05	Payee name  Richmon Printing  Payee address; City: State Zip Code  5825 Schunacher	7057 /		Armo (\$	5) Y-#
required.)	ment (See instructions regarding type of information	Complete if direct Candidate / O#locholder nam		penefit C/OH ••	Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TOXAG EUTICS OF	inimission r.o. box 12070 Austin, Texas	78711-2070	(512)4	63-5800 1-800-325-850
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instructi	ON Guce explains how to complete this form.		1 Total page	s Schedule F:
2 FILER NAM	Khalid A. Khan		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name  Hike Chrycla  6 Payee address; City; State; Zip Code  617 5 12 th	rs-3 < .		7 Amount (\$)
B Purpose of parequired.)	yment (See instructions regarding type of information	T	•	to benefit C/OH ** Office sought Office held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if dir Candidate / Officeholder n		to benefit C/OH ↔ Office sought Office held
Date	Payee name Payec address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	rment (See instructions regarding type of information	↔ Complete if dir Candidate / Officeholder na		o benefit C/OH Dflice sought Office held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	/ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		o benefit C/OH ••  Nifice sought Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	